

15th Annual Arizona Immunization Conference April 22-23, 2008

Registration Form

Immunize!

Organization Spell out full name of organization	Name	litle
Spell out full name of organization	Print all information	
	Organization	
	Spell out full name of orga	anization
Address	Address	City Zip
Phone () Fax () E-Mail	Phone () Fax ()_	E-Mail
Please check ($$) all that applies: Please check ($$) description of organization type	Please check ($$) all that applies:	Please check ($$) description of organization type:
MDDO Community Health CenterPharmacist	Pharmacist PA NP Epidemiologist RN LPN School nurse (check RN or LPN also) Public Health Nurse (check RN or LPN) Lab Technician Immunization Manager MA Other Office Staff Other School Personnel	Corrections County Health Department Family/General Practice Family Health Center Hospital Hospital-Based Clinic Indian Health Services Pediatrician School Based Clinic
Early Bird Rate (before April 1) Normal Rate (after April 1)		Normal Rate (after April 1)

Conference will be held at the:

April 22nd - Tuesday only

April 23rd - Wednesday only

Black Canyon Conference Center, 9440 N. 25th Avenue, in Phoenix, AZ, 85021

• Make check payable to **TAPI** (The Arizona Partnership for Immunization)

\$90

\$90

Mail Registration to (must include check or Purchase Order to be complete):
 Arizona Immunization Program Office

150 N. 18th Ave., Suite 120 Phoenix AZ 85007-3233



April 22nd – Tuesday only

April 23rd – Wednesday only







\$100

\$100

Questions: Call Grace-Ann Lindsay at (602) 364-3467;
 Fax (602) 364-3285; or E-Mail <u>lindsag@azdhs.gov</u>